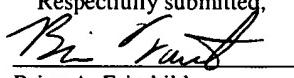




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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Attorney Docket Number WYE-032
In re Application of Brown <i>et al.</i>		
Application Serial No. 10/770,726		
Filed: February 4, 2004		
Group Art Unit: 1643      Examiner: Humphrey, David Harold		
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above entitled application.		
The requested extension and appropriate non-small-entity fee are as follows (check time period desired)		
<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$ _____
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$ _____
<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$ _____
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$ _____
<input checked="" type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$ 2,160.00
<input type="checkbox"/>	Applicant claims small entity status under 37 CFR 1.27, therefore the fee amount shown above is reduced by one-half.	\$ ( )
<b>EXTENSION FEE DUE</b> \$ 2,160.00		
 <input checked="" type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> The Commissioner is hereby authorized to charge the required fee to Deposit Account No. 50-1721. Enclosed is a duplicate of this sheet. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment, to Deposit Account No. 50-1721. <input checked="" type="checkbox"/> Return receipt postcard enclosed.		
I am the <input type="checkbox"/> assignee of record of the entire interest. <input type="checkbox"/> applicant. <input checked="" type="checkbox"/> attorney or agent of record. <input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a). _____.		
<b>CORRESPONDENCE ADDRESS</b>		<b>SIGNATURE BLOCK</b>
Direct all correspondence to: Patent Administrator Kirkpatrick & Lockhart Nicholson Graham LLP State Street Financial Center One Lincoln Street Boston, MA 02111-2950 Tel. No.: (617) 261-3100 Fax No.: (617) 261-3175		Date: November 22, 2006 Reg. No. 48,645 Tel. No.: (617) 261-3169 Fax No.: (617) 261-3175
		Respectfully submitted,  Brian A. Fairchild Attorney for Applicants Kirkpatrick & Lockhart Nicholson Graham LLP State Street Financial Center One Lincoln Street Boston, MA 02111-2950

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11/28/2006 MBELETE1 00000005 10770726

01 FC:1255

2160.00 0P


**FEE TRANSMITTAL  
FY 2006**

NOV 22 2006

<i>Complete if Known</i>	
Application Serial Number	10/770,726
Filing Date	February 4, 2004
First Named Inventor	Brown
Group Art Unit	1643
Examiner Name	Humphrey, David Harold
Attorney Docket No.	WYE-032

**METHOD OF PAYMENT**

1.  Payment Enclosed:  
 Check  Money Order  Other
2.  The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 50-1721.  
 Required Fees (copy of this sheet enclosed).  
 Additional fee required under 37 CFR 1.16 and 1.17.  
 Overpayment Credit.
3.  Applicant claims small entity status.

**FEE CALCULATION (continued)****FEE CALCULATION****1. FILING/SEARCH/EXAM/SIZE FEES****Large Entity**

Fee (\$)	Fee Description	Fee Paid
300	Utility filing fee	
500	Utility search fee	
200	Utility exam fee	
250	Utility size fee (each add'l 150 pgs. over 100)	
200	Design filing fee	
100	Design search fee	
130	Design exam fee	
250	Design size fee (each add'l 150 pgs. over 100)	

	Number Filed	Number Extra	Rate	Amount
Total Claims	- 20 =		x \$ 50.00 =	
Independent Claims	- 3 =		x \$200.00 =	
<input type="checkbox"/> Multiple Dependent Claim(s), if any			\$360.00 =	
			TOTAL:	

**SMALL ENTITY DISCOUNT:****SUBTOTAL (1) (\$)** 0.00**2. AMENDMENT CLAIM FEES**

Claims Remaining After Amend.	Highest No. Previously Paid For	Present	Rate	Fee Paid
Total	- =		x \$ 50.00 =	
Indep.	- =		x \$200.00 =	
<input type="checkbox"/> First Presentation of Multiple Dep. Claim		+ \$360.00 =		
			TOTAL:	(\$)
			SMALL ENTITY DISCOUNT:	(\$)
			<b>SUBTOTAL (2)</b>	(\$)

**SUBTOTAL (3) (\$)** 2,160.00

SUBTOTAL (1) 0.00

SUBTOTAL (2) 0.00

SUBTOTAL (3) 2,160.00

**TOTAL (\$)****CORRESPONDENCE ADDRESS**

Direct all correspondence to:

Patent Administrator  
Kirkpatrick & Lockhart Nicholson  
Graham LLP  
State Street Financial Center  
One Lincoln Street  
Boston, MA 02111-2950  
Tel. No.: (617) 261-3100  
Fax No.: (617) 261-3175

**SIGNATURE BLOCK**

Respectfully submitted,

\_\_\_\_\_  
Brian A. Fairchild

Attorney for the Applicants  
Kirkpatrick & Lockhart Nicholson  
Graham LLP  
State Street Financial Center  
One Lincoln Street  
Boston, MA 02111-2950